



CANNON BUILDING
861 SILVER LAKE BLVD., SUITE 203
DOVER, DELAWARE 19904-2467

STATE OF DELAWARE
BOARD OF CHARITABLE GAMING

TELEPHONE: (302) 744-4500
FAX: (302) 739-2711
WEBSITE: DPR.DELAWARE.GOV
EMAIL: customerservice.dpr@state.de.us

CHARITABLE GAMBLING AFTER OCCASION REPORT

This report must be filed with the Delaware Board of Charitable Gaming within thirty (30) calendar days after the conclusion of this event or if the event is cancelled.

1. Name of Sponsoring Organization: _____

2. Permit Number: **CE-** _____

3. Location of event: _____

4. Date of event: _____ Time of event: _____

5. Number of games played: _____

6. Number of players: _____

7. Total gross receipts:

(a) Receipts from admission \$ _____

(b) Receipts from all games \$ _____

(c) Receipts from food & beverage sales \$ _____

(d) Other receipts \$ _____

TOTAL \$ _____

8. Total expenses:

(a) Total cost of all prizes \$ _____

(b) Cost of use of event premises \$ _____

(c) Cost of advertising \$ _____

(d) Cost of (gaming) supplies used \$ _____

(e) Cost of bookkeepers or accountants \$ _____

(e) Other (attach description) \$ _____

TOTAL \$ _____

9. **NET PROFITS (Subtract TOTAL EXPENSES from TOTAL GROSS RECEIPTS above):** \$ _____

10. Name(s) and address of member(s) in charge:

11. Purpose(s) for which the event's net proceeds will be used:

*Under penalties of perjury I do hereby state **under oath** that all statements in the foregoing report are true and correct and that the game was conducted in accordance with the provisions of the laws of this State, the license, and the rules and regulations of this Board governing the conduct of such games.*

PRINT NAME OF MEMBER-IN-CHARGE: _____

SIGNATURE OF MEMBER-IN-CHARGE: _____

The Sponsoring Organization must provide Internal Revenue Service form W2-G to the winners of prizes valued at \$600 or more.